Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: <u>63/21/08</u> Case #: <u>DD-40941</u>	Address:	1150 N W/OF ANGlan Kendallvalle, IN 46
Case #: 22-42941		KenDAllvelle, IN 46
County: Noble		
Type of Laboratory Seizure (check one)	Seizure Location (el	neck all that apply)
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☑ Dumpsite (only)	Residence Outbuilding Vehicle	Hotel/Motel Open – No Structure Other:
Items Found: Location (bedroom, kitchen, open air (check all that apply) Lithium/Ammonia Reaction(s): 1000		- Open AER
Red Phosphorous/Iodine Reaction(s):		
X Flammable Solvents: (cleman Fuel-		0
Water Reactive Metal (Lithium): BATTER	tes-phon Ma	⋾ ₹_
Anhydrous Ammonia:		
Hydrochloric Acid Gas Generator(s):		
Corrosive Acid: SULFORE ACED- OPEN AER		
Corrosive Base:		
Other (item and location):		
Child under age 18 discovered (check one) Yes 2 (number present) No *If yes, fax report to Child Protective Services	Investigative Ephedrine Retail/Men Other:	Pseudoephedrine Tracking Log
This report is to be faxed to the following agen	cies that serve the lo	cation:
Fire Department: Kondalive II FD		347-7035
Health Department: NoBle County	Fax: <i>Э(₀</i> o~ Fax:	636-2192-
Child Protection Service:		
For further information regarding this methamphe Investigating Officer: Post Smarth Phon	stamitic laboratory, con se <u>Э-Le0</u> ~ 4/3 J ~ 866	ntact

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.